

1. Have you been affected by the fire with health problems?

- Yes
- No

What Effects have affected you

2. Have you been to see your doctor with these concerns?

- Yes
- No
- Not Yet

What was the outcome from your doctor.

3. Has your house been affected by the fire?

- Yes
- No
- Don't Know

Please list the problems with your house.

Witness Signature _____

Authors Initials _____

4. Have you had to increase you power usage during the fire for Washing, drying etc.?

- Yes
- No

Include details.

5. Has your emotional health been affected?

- Yes
- No

Please give details below.

6. Have you or your family had to relocate?

- Yes
- No

List below any financial outlay for your relocation.

Witness Signature _____

Authors Intials _____

7. Have you or any family members been unable to attend school work or other activities? (sports, Leisure etc.)

- Yes
- No

Please give details below.

8. Has there been a financial change since the fire

- Yes
- No
- Unknown

Please let us know what losses you have incurred.

9. Do you have pets or animals that have been affected by the fire/smoke?

- Yes
- No

Please give details.

Witness Signature _____

Authors Intials _____

10. Do you have any of the following?

- Tank Water
- Swimming Pool
- Vegie Garden
- Farm
- Outdoor furniture and equipment

If you have ticked any of the following please leave details below.

11. Do you feel that the local and state governments have generally satisfied your needs in regards to the handling of the mine fire.

- Yes
- No

OTHER INFORMATION.

A. What age bracket do you fit into?

- 1-16
- 17-30
- 31-45
- 46-59
- 60+

B. Are you a business owner?

- Yes
- No

1. Has your business been affected

- Yes
- No

(If your business has been affected please fill out our pink business form)

Witness Signature _____

Authors Intials _____

Business Owners Details.

1. Do you own a business in the Valley?

Yes

No

If you have answered yes to this question please continue.

2. What area of the valley is your business?

3. Have you had extra expenses to pay out because of the Fire and its effects?

Yes

No

Please leave details below, if there is not enough room please use spare forms. And if you have any evidence to back this up.

Witness Signature_____

Authors Intials_____

4. Has your business lost revenue due to the fire and its effects?

5. Do you feel you have been looked after by the local and state governments in relation to compensation?

- Yes
- No

6. Has your Insurance company been helpful in this crisis?

- Yes
- No

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CONTACT NAME: _____

CONTACT NUMBER: _____

Witness Signature _____

Authors Intials _____